

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED JUL 22 2002 City Clerk City of Lodi	CALIFORNIA 460 2001/02 FORM Page <u>1</u> of <u>6</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01-01-02</u> through <u>06-30-02</u>	Date of election if applicable: (Month, Day, Year) <u>11-05-02</u>
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1234928

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of JoAnne Mounce
a candidate for Lodi City Council

STREET ADDRESS (NO P.O. BOX)

437 E Elm Street

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209.333.2814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Jmounce @ lodi city council . com

Treasurer(s)

NAME OF TREASURER

Constance Zweifel

MAILING ADDRESS

435 E. Elm Street

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209.367.1807

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07.21.02
Date

Executed on 07.21.02
Date

Executed on —
Date

Executed on —
Date

By Constance Zweifel
Signature of Treasurer or Assistant Treasurer

By JoAnne Mounce
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By —
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By —
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JoAnne Mounce

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City of Lodi : City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

437 E ELM Lodi CA 95240

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

Friends of
JoAnne Mounce

I.D. NUMBER

1234928

NAME OF TREASURER

Constance Zweifel

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

437 E. ELM

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209.333.2814

COMMITTEE NAME

n/a

I.D. NUMBER

—

NAME OF TREASURER

—

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

—

—

CITY STATE ZIP CODE AREA CODE/PHONE

—

—

—

—

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

—

JURISDICTION

—

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

—

OFFICE SOUGHT OR HELD

—

DISTRICT NO. IF ANY

—

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

—

OFFICE SOUGHT OR HELD

—

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

—

OFFICE SOUGHT OR HELD

—

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

—

OFFICE SOUGHT OR HELD

—

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

—

OFFICE SOUGHT OR HELD

—

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends OF JoAnne Mounce

Statement covers period
from 01-01-02
through 06-30-02

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I.D. NUMBER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 642 -	\$ 1761 -
2. Loans Received	Schedule B, Line 7	-	-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 642 -	\$ 1761 -
4. Nonmonetary Contributions	Schedule C, Line 3	752.25	6516.25
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 1,394.25	\$ 8,277.25

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ n/a	\$ n/a
21. Expenditures Made	\$ n/a	\$ n/a

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 228.50	\$ 1,312.50
7. Loans Made	Schedule H, Line 7	-	-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 228.50	\$ 1,312.50
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-	-
10. Nonmonetary Adjustment	Schedule C, Line 3	-	-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 228.50	\$ 1,312.50

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
11 / 05 / 02	\$ -
/ /	\$ -
/ /	\$ -
/ /	\$ -
/ /	\$ -
/ /	\$ -

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 35 -
13. Cash Receipts	Column A, Line 3 above	642 -
14. Miscellaneous Increases to Cash	Schedule I, Line 4	-
15. Cash Payments	Column A, Line 8 above	228.50
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 448.50

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends OF JoAnne Mounce

Statement covers period from <u>01-01-02</u> through <u>06.30.02</u>		CALIFORNIA FORM 460
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		I.D. NUMBER <u>1234928</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/21/02	Betty Gates 540 E. Harney Ln. Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	175.00	475.00	n/a
6/21/02	Chris Olsen 1803 Reislung Lodi CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Amex Financial advisor	100.00	100.00	n/a
7/21/01	Ida Richter 512 E Tokay Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	—	100.00	n/a
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				275 -		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 275 -
- Amount received this period – unitemized contributions of less than \$100 \$ 367 -
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 642 -

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Nonmonetary Contributions Received

to whole dollars.

Statement covers period

from 01-01-02

through 06-30-02

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06-30-02	Daniel Holden 1931 Holly Drive Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Iranet Develop. for small Business	Website, Hosting, services	600 -	3100 -	n/a
12-31-01	Jane Lea 1931 Holly Drive Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor for Job Corp	Brochure Shipping UPS	-	389 -	n/a
12-31-01	JoAnne Mounce 437 E ELM Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JoAnne's Bookkeeping Service	misc Ads	-	365.41	n/a
12-31-01	LOCAL 3 operating engineers Stockton Hall Cherokee @ Waterloo	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a	Brochures	-	2,000 -	n/a

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 600 -

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.) \$ 600.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 152.25

3. Total nonmonetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	01-01-02		
through	06-30-02		
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NAME OF FILER

Friends of JoAnne Mounce

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
—	—	—	—
—	—	—	—
—	—	—	—

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	—
2. Unitemized payments made this period of under \$100	\$	228.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	—
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	228.50